PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                   |   |                  | SMALL ENTITY TYPE                       |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|-------------------|---|------------------|---|------------------------|----|-------------------------------|------------------------|
| FOR  |  |   | NUMBER FILED      |   | NUMBER EXTRA     |   | FEE                    |    | RATE                          | FEE                    |
| ВА   | SIC FEE  | 100 A |                   |   |                  |   | 345.00                 | OR |                               | 690.00                 |
| то   | TAL CLAIMS                                     | 84  | minus 20          | )= · GA                                       |                  | X\$ 9=                                  |                        | OR | X\$18=                        | 1152.00                |
| IND  | EPENDENT CL                                    | AIMS 15   | minus 3           | = 12  |                  | X39=                                    |                        | OR | X78=                          | 936.00                 |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                   |   |                  | +130=                                   |                        | OR | +260=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                   |   |                  | TOTAL                                   |                        | OR | TOTAL                         | 2778000                |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |                   |   |                  | SMALL E                                 | NTITY                  | OR | OTHER<br>SMALL                | THAN                   |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **  | =                | X\$ 9=                                  |                        | OR | X\$18=                        |                        |
|  | Independent                                    | •   | Minus             | ***   | =                | X39=                                    |                        | OR | X78=                          |                        |
| Ľ  | FIRST PRESE                                    | NTATION OF MU   | Alan-             | ENDENT CLAIM                                  |                  | +130=                                   |                        | OR | +260=                         |                        |
|  | FIRST PRESENTATION OF MOLTIPLE DEPENDENT CLAIM |   |                   |   |                  |   |                        |    | TOTAL                         |                        |
|  |  | ADDIT. FEE  |                   |   | ADDIT. FEE       |   |                        |    |                               |                        |
| ENT B  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT   |                   | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA    | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| DM<br>DM   | Total  | •   | Minus             | **  | =                | X\$ 9=                                  |                        | OR | X\$18=                        |                        |
| AMENDMENT  | Independent                                    | •   | Minus             | ***   | =                | X39=                                    |                        | OR | X78=                          |                        |
|  | FIRST PRESE                                    | NTATION OF M  | ULTIPLE DEP       | PENDENT CLAIM                                 |                  | +130=                                   |                        | OR | +260=                         |                        |
|  |  |   |                   |   |                  | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|  |  | (Column 1)  |                   | (Column 2)                                    | (Column 3)       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        | _  |                               |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| N O  | Total  | •   | Minus             | **  | =                | X\$ 9=                                  |                        | OR | X\$18=                        |                        |
| ME   | Independent                                    | •   | Minus             | ***   | =                | X39=                                    |                        | OR | X78=                          |                        |
| L  | FIRST PRESE                                    | NTATION OF M  | ULTIPLE DEI       | PENDENT CLAIM                                 | 1                | +130=                                   | <u> </u>               | 1  | +260=                         |                        |
|  | If the entry in colu                           | ımn 1 is less than t  | the entry in colu | ımn 2, write "0" in o                         | olumn 3.         | TOTAL                                   |                        | OR | TOTAL                         |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                   |   |                  |   |                        |    |                               |                        |